Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

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OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency* Citation(s)

Groups Covered

The following groups are covered under this plan.

Nevada State Welfare A. Mandatory Coverage - Categorically Needy and Other Poivision Required Special Groups

(M) 397 42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

- Families with an unemployed parent for the mandatory 6-month period and an optional extension of 0 months.
- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115

- 2. Deemed Recipients of AFDC
 - a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

TN No. 41-22 Approval Date SAN 1 3 1932 Effective Date 10/01/91
Supersedes 87-2 HCFA ID: 7983E

^{*}Agency that determines eligibility for coverage.

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OMB NO.: 0938-

State:____

NEVADA

Citation(s) Agency*

Groups Covered

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I) of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A) of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and 1902(a)(10)(A) (i)(l) of the Act d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

JAN 1 3 1992 TN No. Approval Date _ Effective Date 10/01/91 91-22 Supersedes TN No. 87-2 & 90-8 HCFA ID: 7983E

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NEVADA

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902 (a)(10)(A)(i)and 1905(m)(1) of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52) and 1925 of the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

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State	:		

NEVADA

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Citation(s) Agency*

Groups Covered

Nevada State Welfare Division

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.114

- 6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
 - Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
 - Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
- N/A Not applicable with respect to intermediate care facilities; State did or does not cover this service.
- 1902(a)(10) (A)(1)(III) and 1905(n) of the Act
- 7. Qualified Pregnant Women and Children.
 - a. A pregnant woman whose pregnancy has been medically verified who --
 - Would be eligible for an AFDC cash (1)payment or who would be eligible if the State had an AFDC-unemployed parents program if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

Effective Date

91-22 TN No. Supersedes TN No.

Approval Date _

HCFA ID: 7983E

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ATTACHMENT 2.2-A Page 3

State:

NEVADA

OMB NO.: 0938-

Agency* Citation(s)

Groups Covered

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
- 42 CFR 435.113
- 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from--
 - Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

TN No. 9/--- Approval Date JAN 1 3 1992 Effective Date 10/01/91
Supersedes 87-23 HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	NEVA	DA								
		COVERAGE	AND	CONDIT	IONS	OF	ELIC	BILIT	Y		
Citation(s))					Gro	oups	Covere	d		
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- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
 - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date)
who are under age 19 and who would be
eligible for an AFDC cash payment on the
basis of the income and resource
requirements of the State's approved
AFDC plan.

TN No. 92-//
Supersedes
TN No. 91-22 Approval Date APR 1 1992 Effective Date 01/01/92

FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

s	tate:		NEVADA
		COVERAGE	AND CONDITIONS OF ELIGIBILITY
Citation(s)			Groups Covered
		Α.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
1902(a)(10)((i)(IV) and 1902(1)(1)(A and (B) of t	L)		 Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)

ATTACHMENT 2.6-A.

N/A

The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to

9. Children:

1902(a)(10)(A) (i)(VI) 1902(1)(1)(C) of the Act

Act

1902(a)(10)(A)(i) (VII) and 1902(1) (1)(D) of the Act

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

TN No. 91-11
Supersedes 91-22 Approval Date APR 1 1992 Effective Date 01/01/92
TN No.

FEBRUARY 1992

STAT	E PLAN UN	IDER 1	TITLE	xix	OF	THE	soc	IAL	SEC	URIT	Y A	CT			
State:		NEVA	DA												
	COVERAGE	AND	COND	ITIO	NS O	F EI	LIGI	BIL	ITY						_
Citation(s)					G	rou	os C	ove	red						
	Α.		dator									edy	and	Other	<u> </u>
1902(a)(10) (A)(i)(V) and 1905(m) of the Act		10.	and memb AFDO had	chil ers und not (b)(2	dren of a er s exer)(B)	und far sect: cisc (i)	der mily ion ed t of	iter tha 407 he o	m A. at w of opti Act	7. a ould the on u	bove be Act inde	e wi red if r se it t	no ar eivi the ectio	ng State n umber	e
1902(e)(5) of the Act		11.	a.	for, the preg elig all assi (beg	appropries	olie cove cy e c, a gnan nce ing any	d for d Stands. s the cy-rendered on the cy-rendere	or, ate Toug cela er t che	and pla he w h sh ted he p last	recein or omar and olan cays	ive th co ere pos for	s Me e da ntin pred tpan a (edica ay he nues gnant rtum 60-da r pre	ible id un r to be medic y pe gnan th i	nder e r cal riod cy)
1902(e)(6) of the Act			b.										wise se in	lose	

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

TN No. 91-//
Supersedes
TN No. 91-22

Approval Date APR 1 1992

Effective Date 01/01/92

FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	NEVADA	A
	COVERAGE AN	D CONDITIONS OF ELIGIBILITY
Citation(s)		Groups Covered
		ndatory Coverage - Categorically Needy and Other quired Special Groups (Continued)
1902(e)(4) of the Act	12.	A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
42 CFR 435,120	13.	Aged. Blind and Disabled Individuals Receiving

Cash Assistance

wy a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

 $\frac{X}{X}$ Aged Blind Disabled

TN No. 41-11
Supersedes
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TN No. 91-22
Approval Date O1/01/92

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Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) AUGUST 1991 Page 6a OMB NO.: 0938-NEVADA State: Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) N/A 435.121 13. // b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the 1619(b)(1) Act and who met the State's more of the Act restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.) Aged Blind

Disabled

(Financial criteria are described in $\underline{\text{ATTACHMENT } 2.6-A}$).

criteria are described below:

The more restrictive categorical eligibility

*Agency that determines eligibility for coverage.

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Supersedės	O. A. L. D. A. C.	
TN No. 87-9		HCFA ID: 7983E
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